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PTO/SB/21 (12-07)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/775,419 Filing Date TRANSMITTAL February 10, 2004 First Named Inventor **FORM** Tiwari, Ashish Art Unit

(to be used for all correspondence after initial filing) Total Number of Pages in This Submission

Attorney Docket Number SRI 4840-2

Examiner Name

2123

Pierre Louis, Andre

ENCLOSURES (Check all that apply)										
✓	Fee Trans	mittal For			Drawing(s) Licensing-related Papers			Appeal	Illowance Communication to TC Communication to Board eals and Interferences	
	Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s)			Petition Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address (Appeal Propriet Status L				Communication to TC I Notice, Brief, Reply Brief) etary Information Letter Enclosure(s) (please Identify		
	Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53									
	<u>l</u>		SIGNA	TURE	OF APPLICANT, ATT	ORNEY, C	OR AGI	ENT		
Firm Name Deborah		Neville	/,	J						
Signature			Man M							
Printed name		Deborah Neville								
Date	Date		December 20, 2007			Reg. No.	34,886			
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Face primiting the the Consolidated Assessment and COOF (I.D. 4949)											
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Number	10/775,419	419								
FEE TRANSMITTAL	Filing Date	Feb 10, 2004									
For FY 2008	First Named Inventor	Tiwari, Ashish	1								
Applicant plains amall paths status. See 27 CER 4 27	Examiner Name	Andre									
✓ Applicant claims small entity status. See 37 CFR 1.27	Art Unit	2123									
TOTAL AMOUNT OF PAYMENT (\$) 230	Attorney Docket No.	SRI 4840-2									
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
Deposit Account Deposit Account Number: Deposit Account Name:											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
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under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card info	Ground any or	• •	m. Provide credit card								
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FEE CALCULATION											
1. BASIC FILING, SEARCH, AND EXAMINATION FEES	OUEEEO EVA	*********									
Small Entity	CH FEES EXA! Small Entity	INATION FEI <u>Small Entit</u>	tv								
Application Type Fee (\$) Fee (\$)	Fee (\$) Fee	(\$) Fee (\$)	Fees Paid (\$)								
Utility 310 155 510	255 210) 105									
Design 210 105 100	50 130	65									
Plant 210 105 310	155 16	0 80									
Reissue 310 155 510	255 629	310									
Provisional 210 105 0	0	0									
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)											
Fee Description Each claim over 20 (including Reissues)		50	5) <u>Fee (\$)</u> 25								
Each independent claim over 3 (including Reissues)		210	L. Carrier and Car								
Multiple dependent claims		370	185								
	Paid (\$)	<u>Multipl</u>	le Dependent Claims								
20 or HP = x =		Fee (\$) <u>Fee Paid (\$)</u>								
HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee	Paid (\$)										
- 3 or HP = x =											
HP = highest number of independent claims paid for, if greater than 3.											
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer											
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50											
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x =											
4. OTHER FEE(S) Non-English Specification, \$130 fee (no speall entity discount) Fees Paid (\$)											
Other (e.g., late filing surcharge): 2 month extension to Respond to Office Action 230											
SUBMITTED BY 1 Registration No.											
Registration No. (Attorney/Agent) Telephone 650-323-296											
Name (Print/Type) DEBORAH NEVILLE		Date	Date Dec 20, 2007								

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